

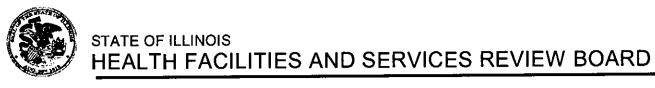
STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD



Public Hearing Testimony Registration Form

Facility Name: Valley Ambulatory Surgery Center - St. Charles

Project Number: 17-057 **IDENTIFICATION** 1. Name (Please Print) / NAPARO City NasHVILLe State TN zip 37204 II. REPRESENTATION (This section is to be filled if the witness is oppeoring on behalf of ony group, organization or other Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) VALLEY AmbulaTORY Surgery Center III. POSITION (pleose circle appropriate pasition) Oppose Neutral Support Testimony (please circle) IV. Oral Written



Project	Number:	17- 057
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Name (Please Print)R	op Steven	A. A.	deision	
City Garage	State _	11,	z	ip 6013
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Health Care)	20 G. K.			
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Project N	Number: 17-057			
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	city St. Charles	State	Zip	
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	Health Care)	len Ombletung	rance (i.e., ABC Concerned Citizen	s tor
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IV.	Testimony (please circle)			
	Oral)	Written		



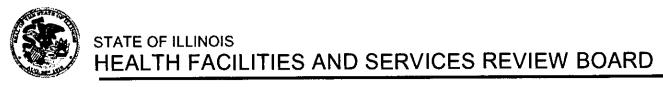
Facility Name: Valley Ambulatory Surgery Center – St. Charles

Project Number: 17-057

IDENTIFICATION Name (Please Print)	Daniel Haue	<u> </u>	
city St Char	state_	IL Zip	60175
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POSITION (please circle	appropriate position)		
Support	Oppose	Neutral	
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l.	IDENTIFICATION Name (Please Print)	ARCY	A	hewev	
	City -4 Charles	State	工L	Zip	
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III.	POSITION (please circle appro	priate position)			
	Support	Oppose		Neutral	
IV.	Testimony (please circle)				
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Facility Name: Valley Ambulatory Surgery Center – St. Charles

Project Number: 17-057

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IDENTIFICATION Name (Please Print)	AN LAWLER	
city Chizago	State	Zip_ <i>606</i>
	tion is to be filled if the witness is oppearing on	behalf of any group, organization o
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Health Care)	Thombung LLP	
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Support	Oppose	Neutral
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Project :	Number: 17-057			
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	City ST. CHARLE	State	12	zip 60174
II.	REPRESENTATION (This section is to entity.) Entity, Organization, etc. represented the Health Care)			
III.	POSITION (please circle appro	priate position)		
	Support	Oppose	Neutra	al
IV.	Testimony (please circle)			
	Oral	Written		



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Project N	Number: 17-057		
l.	IDENTIFICATION Name (Please Print) BRIAN	S. BLANK	ENSHIP
	City BRENTWOOD		zip 37027
II.	REPRESENTATION (This section is to be jettity.) Entity, Organization, etc. represented the Health Care)		
	VAUEY AMBUAT	ORY SURGEST	Y CENTER!
	SURGERY PAT		•
III.	POSITION (please circle approprie	ate position)	
	Support	Oppose	Neutral
IV.	Testimony (please circle)		
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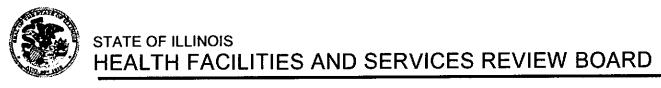


Project Number: 17-057

STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

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	City Nach Ville		TN	37027
II.	REPRESENTATION (This section entity.) Entity, Organization, etc. re Health Care)			
	Valley Am	oulding!	Surgery 1	Conter
III.	POSITION (please circle ap	propriate position)		
	Support	Oppose	Neutr	al
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Project	Number: 17-057				
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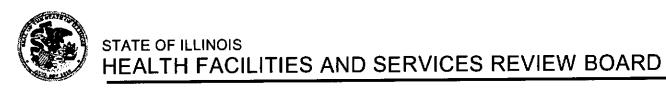
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Facility Name: Valley Ambulatory Surgery Center – St. Charles

Project Number: 17-057

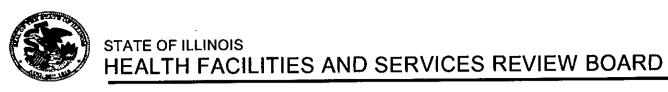
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	city St Charles	State	Ti	zip 60179
II.	REPRESENTATION (This section entity.) Entity, Organization, etc. rep	presented in this a	ppearance (i.e., AB	C Concerned Citizens for
	Health Care) /A/Vs	Media	1 Be1/1	ing loff.
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III.	POSITION (please circle app	propriate position)		
	Support	Oppose	Neut	tral
IV.	Testimony (please circle)			
	Oral	Written		



Facility Name: Valley Ambulatory Surgery Center – St. Charles

Project Number: 17-057

IDENTIFICATION Name (Please Print)	JCHN	(ritin	- No r	<i>y</i>
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			····	
POSITION (please circ	le appropriate positian) Oppose			
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Support Testimony (please circ				



Public Hearing Appearance Only Registration Form

Facility Name: Valley Ambulatory Surgery Center - St. Charles Project Number: 17-057 Jeffrey Gusskopt 1. IDENTIFICATION Name (Please Print) _ REPRESENTATION (This section is to be filled if the witness is appearing on behalf of ony group, organization or other Н. entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) PDSITION (Circle appropriate position) Ш. Neutral Oppose Support